

FIG. 1

100

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101 1 122 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	11 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
102 2 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	12 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
103 3 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	13 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
104 4 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	14 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
105 5 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	15 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
106 6 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	16 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
107 7 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	17 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
108 8 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	18 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
109 9 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	19 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
110 10 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	20 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>

Log Book

200

Confidential Sign-In System

Practice Name: _____

Date From: _____

Date To: _____

FIG. 2A

Instructions for Using the Confidential Sign-In System

- 201 ▲ **WRITE DATE** in upper corner of the page being used in the "Patient Sign-In Log".
 - 202 ▲ Place a sheet of "Patient Sign-In Labels" on clipboard and put at front desk, or wherever a sign-in sheet has been put in the past.
 - 203 ▲ **PEEL** labels from the sheet **immediately** after **each** patient signs in, and **TRANSFER** to the "Patient Sign-In Log". *(Be sure to note that there are numbers on both the labels and the spaces on the log. The label numbered 1 should be placed in the space numbered 1, and so on down the page.)*
 - 204 ▲ **MORE THAN ONE PAGE** can be used for any one day. **ALWAYS FILL OUT THE DATE** at the top of the log sheet.
 - 205 ▲ If a label needs to be rewritten, write "VOID" in the log in the appropriate space, **OR** write "VOID" on the label and transfer to the corresponding space in the logbook.
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- 206 Recommended Procedure
- 206 ▲ IF labels are left on the sheet at the end of the day, IT IS IMPORTANT THAT THE SHEET OF **REMAINING LABELS BE DESTROYED**. Use a **NEW SHEET** of labels for every **NEW DAY**.
 - 207 ▲ **ALWAYS USE A NEW PAGE IN THE LOG FOR A NEW DAY AND START A NEW SHEET OF LABELS FOR EACH NEW DAY.** *This will allow for accurate accounting of the number of patients seen on any particular day.*

OR

Alternate Method #1

- 208 ▲ Do **not** destroy remaining labels at **END OF DAY**. START NEXT DAY where you stopped the day before, **staying in sequence**. Make a mark in the logbook to indicate the end of one day and the start of the new day, noting the **new date in the margin**. (i.e. if there are only 12 patients one day, you can start the next day using label #13, in space #13, making a noticeable mark to indicate the start of the next day.)

OR

Alternate Method #2

- 209 ▲ Do **not** destroy remaining labels at end of day. START NEXT DAY on a **new page** in the logbook, indicating the **new date** in the space provided, BUT put label in the appropriately numbered space (i.e. label #13 goes in space #13, just on a new log page).

FIG. 2B

<p>①</p> <p>324</p> <p>Place Patient Name Label Here</p> <p>322</p> <p>306</p>	<p>②</p> <p>Place Patient Name Label Here</p>
<p>②</p> <p>Place Patient Name Label Here</p> <p>307</p>	<p>③</p> <p>Place Patient Name Label Here</p>
<p>③</p> <p>Place Patient Name Label Here</p> <p>308</p>	<p>④</p> <p>Place Patient Name Label Here</p>
<p>④</p> <p>Place Patient Name Label Here</p> <p>309</p>	<p>⑤</p> <p>Place Patient Name Label Here</p>
<p>⑤</p> <p>Place Patient Name Label Here</p> <p>310</p>	<p>⑥</p> <p>Place Patient Name Label Here</p>

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<p>11</p> <p>Place Patient Name Label Here</p>	<p>16</p> <p>Place Patient Name Label Here</p>
<p>12</p> <p>Place Patient Name Label Here</p>	<p>17</p> <p>Place Patient Name Label Here</p>
<p>13</p> <p>Place Patient Name Label Here</p>	<p>18</p> <p>Place Patient Name Label Here</p>
<p>14</p> <p>Place Patient Name Label Here</p>	<p>19</p> <p>Place Patient Name Label Here</p>
<p>15</p> <p>Place Patient Name Label Here</p>	<p>20</p> <p>Place Patient Name Label Here</p>

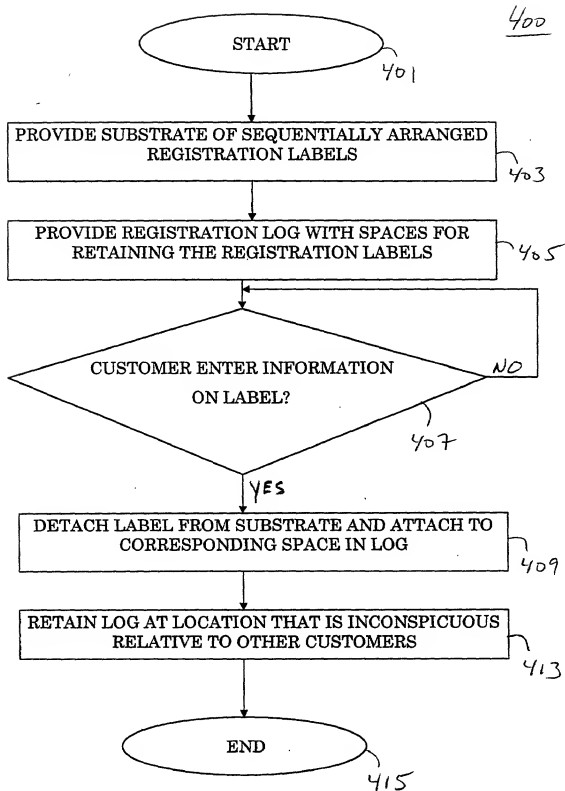


FIG. 4